



STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES
MOTOR FUEL TAX ADMINISTRATION
OFFICE OF PUBLIC CARRIER REGULATION
P. O. DRAWER E
DOVER, DE 19903-1565

FOR DEPARTMENT USE ONLY

CERTIFICATE NUMBER:

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

PLEASE NOTE: ALL QUESTIONS MUST BE ANSWERED AND NECESSARY ADDITIONAL DOCUMENTATION ATTACHED TO PROCESS THIS REGISTRATION FORM. PLEASE PRINT ALL ANSWERS CLEARLY.

1. Legal name of applicant:

2. Trade name, if different from legal name:

3. Primary physical business location address (Not P.O. Box):

Street:

City:

State:

Zip Code:

4. Mailing address (if different from business location):

Street or P. O. Box:

City:

State:

Zip Code:

5. Location of records (if different from business location):

Street:

City:

State:

Zip Code:

6. Federal employer identification number or individual proprietor's SSN:

7. Telephone number: -

Fax number: -

8. If we have questions regarding your Public Carrier activities, who should we contact?

Name: _____

Telephone number: -

9. Business type: (check one) Individual ☐ Corporation ☐ General Partnership ☐ Limited Partnership ☐
Limited Liability Company ☐ S Corporation ☐

Partnership: Please include a copy of the Partnership Agreement, along with the names and addresses of all partners, and please label this document as "Attachment A".

Corporation: Please include a certified copy of the corporate charter, and label this document as "Attachment A".

State of Incorporation: _____ **Date of Incorporation:** _____

If the applicant business is incorporated under the laws of another state, please attach a certified copy of the certificate issued by the Delaware Secretary of State showing that the corporation is authorized to transact business in Delaware. **Please label this document in "Attachment A".**

The name of the company was filed with the Prothonotary of the county of _____ on the date of _____, in the year 20_____, in accordance with the provisions of 6 Del C, c. 31, Part II.

10. Service type: (check one) Taxi ☐ Limousine ☐ Charter Bus ☐ Fixed Route Carrier ☐
Trolley ☐ Other (Please indicate) _____

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (CONT.)

11. Carrier type: (check one) Common - for hire to general public ☐ Contract - service provider to specific customer(s) ☐

12. Route type: (check one) Regular (Fixed) ☐ Irregular (determined by customer) ☐

13. Are you represented by an attorney? Yes ☐ No ☐

Attorney's Name and Firm: _____

Street or P. O. Box: _____

City: _____

State: _____

Zip Code: _____

14. Please specify the territory/territories intended to be served (check all that apply):

New Castle County ☐

Kent County ☐

Sussex County ☐

NOTE: The Office of Public Carrier Regulation has the authority to restrict operational authority if the territories indicated do not seem feasible.

Fixed-Route Carriers: Please provide a map or maps showing present and/or proposed routes and schedules. **Please label as "Attachment B".**

15. PRE-QUALIFICATION: In order to receive a Certificate of Public Convenience and Necessity, you must submit documented evidence which satisfies the following statutory criteria:

- **2 Del C. Ch. 18 §1802(e)(1)(a): The proposed operations will serve a useful public purpose, a useful public necessity and a useful public convenience responsive to a public demand.** The applicant must satisfactorily present written evidence *that existing Public Carriers are not able to meet demands for Public Carrier service by the public*. This requirement is satisfied through the presentation of petitions, surveys, requests for service from Medicaid providers, demographic trend surveys, or other documents that clearly identify that a public demand exists, **and existing Public Carriers are unable to meet the demand**. Verbal or written statements by the company applying for a Certificate of Public Convenience and Necessity, in and of itself, are insufficient without supporting documentation. **Please label all applicable documents as "Attachment C".**
- **2 Del C. Ch. 18 §1802(e)(1)(b): The applicant, as to its proposed service and/or operations, has sufficient financial ability to compensate members of the public for injuries to person or property which they may sustain from acts or failures to act of the Public Carrier.** In accordance with the authority granted by statute to the Office of Public Carrier Regulation, the company must prove financial fitness by providing one of the following: (1) a general liability insurance policy, or (2) a bond. A letter of intent for General Liability coverage, in the amount of One Million Dollars, from a qualified insurance company satisfies this requirement. In addition, for the general liability insurance policy, the DelDOT DMV, MFTA Office of Public Carrier Regulation must be listed as a Certificate Holder. If this requirement is to be met through a bond, it must be obtained from a qualified surety company, in the amount of One Hundred Thousand Dollars. The bond application and instructions can be obtained from the Office of Public Carrier Regulation. **Please label all documents used to satisfy this requirement as "Attachment D".**
- **2 Del C. Ch. 18 §1802(e)(1)(c): As to the proposed service and/or operations, the applicant must comply with all applicable motor vehicle laws of the State, including, but not limited to, 21 Del C, c. 21, Subchapter IV.** The principals of the entity applying for certification, along with their intended drivers, must not have adverse driving records, and must have valid drivers licenses. In addition, the vehicles intended for Public Carrier use must be properly registered and titled in the company's name, or a lease agreement between the business entity applying for certification and the vehicle owner must be presented. Finally, the vehicle(s) in question must not have adverse operational, safety or inspection issues. Please see the instructions for questions 16 and 17, in order to satisfy this requirement.
- **2 Del C. Ch. 18 §1802(e)(1)(d): As to the proposed service and/or operations, the applicant is covered by and with a public liability and property damage policy or policies issued by a company licensed to conduct insurance business in the State with coverage's.** A letter of intent for coverage, in the amounts legally required (as identified in Chapter 3 of the Public Carrier Rules) and for all listed vehicles, from a qualified insurance company, satisfies this requirement. If a certificate is granted, a Certificate

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of Insurance must be provided to the Office of Public Carrier Regulation (listing all applicable vehicles) prior to actual issuance of the certificate.

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- A Certificate of Liability Insurance or a proposal must be submitted which identifies the Certificate holder as:

**Motor Fuel Tax Administration
Office Of Public Carrier Regulations
P.O. Drawer E
Dover, DE 19903**
- **Please label all documents used to satisfy this insurance requirement as “Attachment E”.**
- As annotated in **2 Del C. Ch. 18 §1802(9)(a)(1)** Drivers of limousines shall keep a daily log of all trips on a printed form to be supplied by the owner. Such log sheets shall be retained by the owner for the last three years. These daily forms shall show, for each trip, the origin, destination, time leaving origin, time arriving at destination, number of passengers, amount of fare and vehicle identification number. So, as annotated in the law your company is required to maintain daily or weekly maintenance logs. **Please submit with the application package a copy of you company log that you will be using.** These logs are to be maintained for a minimum of 3 years for review by the Office of Public Carrier Regulations during our on site compliance reviews. **Please label all documents used to satisfy this requirement as “Attachment F”**
- As annotated in **2 Del C. Ch. 18 §1802(9)(c)(b)** A correct record shall be kept showing the vehicle identification, date of breakdowns, any defects reported and corrective measures taken. These records shall be retained by the carrier for at least 3 years. **So, as annotated your company is required to maintain daily or weekly maintenance logs. Please submit with the application package a copy of your company logs that you will be using.** These logs are to be maintained for a minimum of 3 years for review by the Office of Pubic Carrier Regulations during our on site compliance reviews. **Please label all documents used to satisfy this requirement as “Attachment G”**

16. **Vehicles:** Please provide detailed information regarding the vehicles to be considered as part of this application.

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Vehicle ID # (VIN)</u>	<u>Passenger Capacity</u>

PLEASE NOTE: IF THE COMPANY IS ALREADY IN POSSESSION OF ANY/ALL OF THE ABOVE VEHICLES, IT IS ILLEGAL TO OPERATE THESE VEHICLES AS A PUBLIC CARRIER WITHOUT A VALID CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY!

Please submit copies of the registration cards for vehicles already in possession, and/or a purchase quotation document from the individual/company you intend to purchase the vehicle(s). Please label the set of documents as “Attachment H”.

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (CONT.)

17. Driver Listing: Please provide the names of the individuals intended to be drivers for the company:

<u>Driver Name</u>	<u>Date of Birth</u>	<u>Driver's License Number:</u>	<u>Telephone #</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have any of the individuals, partners, officers or employees of the company ever been convicted of a felonious or Infamous crime involving fraud or deceit? Yes ☐ No ☐

BACKGROUND CHECKS: ALL DRIVERS (AND INDIVIDUALS/PARTNERS/OFFICERS) OF THE COMPANY MUST HAVE A CRIMINAL BACKGROUND CHECK COMPLETED BY THE STATE BUREAU OF INVESTIGATION OF DELAWARE, AS WELL AS THEIR CURRENT STATE OF RESIDENCE, AS PART OF THIS APPLICATION. Please submit ALL background check documents with this application, and label the set of documents as "Attachment I".

18. Lease Agreement: Please complete the following if your vehicles will be leased to others:

<u>Lessee Name</u>	<u>Address</u>	<u>Telephone #</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If approved, and you have lease arrangements, you will be required to submit all lease agreements to the Office of Public Carrier Regulation.

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (CONT.)

19. **Rates:** Please provide a listing of the proposed rates to be charged to customers. This rate document is to be typed, and on company letterhead. It must clearly identify the information that a customer needs to determine the charge for transport to and from a particular destination. **Please label this document as “Attachment J”.** Once established, upon approval of Certificate issuance, the rates CANNOT be changed, unless a formal request for rate change is received by the Office of Public Carrier Regulation, and the rate change is approved, either through Administrative Review, or upon completion of a hearing (if a formal Notice of Intervention is filed by another party.)

20. Please list any existing Certificates of Public Convenience and Necessity:

21. Have all persons employed by/involved with the company named in this application, and therefore responsible for Public Carrier activities conducted by this company, read and understood the Public Carrier Law as it pertains to Public Carrier requirements (2 Del C. c. 18), and do these persons understand ALL of its provisions? Yes ☐ No ☐

NOTE: Once signed below, ignorance of the laws, rules or regulations by any person employed by your company will not absolve your company of the responsibilities of complying with said laws, rules and regulations.

Before signing, please read the following statement carefully: Any false or substantive omission of information may be cause for rejection of application, or revocation of license (if license approval has been granted).

I (we), certify under penalty provided by law, that the statements made and the information furnished in this application are true, correct, and complete to the best of my knowledge and belief.

Authorized Name (Please Print)

Authorized Signature

Authorized Individual Title

Date of Application

CPCN APPLICATION CHECKLIST (NEW APPLICATIONS)
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Please be sure all items on the checklist below are included when your application is submitted to DelDOT. Failure to submit all required information will result in the application being returned to you.

- 1) ____ Are all questions (#'s 1 – # 23) completed on the Application
- 2) ____ Is the application notarized
- 3) ____ Attached copy of Prothonotary registration (if applicable) (#5(a).
- 4) ____ Attached copy of Incorporation of Partnership papers (if applicable (#5(b)(c).
- 5) ____ Attached copy of map of territory to be served, or written “statewide” in #6(b).
- 6) ____ If applying as a limousine, list fixed termini in #6(c).
- 7) ____ Attached rate schedule (#11)
- 8) ____ Attached copies of vehicle registrations (#14), or a conditional sales contract (#7) if vehicles have not been purchased.
- 9) ____ Attached certificate of commercial insurance, listing DelDOT as a Certificate Holder, with the coverage limits outlined in Title 2, Del.Code, Chapter 18, Section 1802(p) (#15(a)) or a letter of intent to insure from an agency licensed to do business in the State of Delaware showing the minimum liability coverage's.
- 10)____ Attached current or application of Delaware Business License.
- 11)____ Attached check for filing fee of \$75.00 made payable to The Department of Transportation (DelDOT).
- 12)____ Attached list of drivers, including driver's license number, name and date of birth.
- 13)____ Attached copy of complete Background check for applicant and all other drivers.
- 14)____ Attached copy of Maintenance & Trip log format
- 15)____ Statement of useful Public Service (#15 Attachment C)

*NOTE-Before obtaining a certificate of Public Convenience & Necessity Chapter 18 definitions and Chapter 18 Title 2 Laws must be read.

